## FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

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OMB APPROVAL						
OMB Number: 3235-0076						
Expires:						
Estimated average burden						
hours per response 16.00						

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UNIFORM LIMITED OFFERING EX	EMPTION
Name of Offering ( check if this is an amendment and name has changed, and indicate change	:.>
Issuance and Sale of Series C Preferred Stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section	PDOCECED 0704545
Type of Filing:	PROCESSED 07045458
A. BASIC IDENTIFICATION DATA	
I. Enter the information requested about the issuer	MAR 0.6 2007
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Black Duck Software, Inc.	THOMSON
Address of Executive Offices (Number and Street, City, State, Zip C	
265 Winter Street, Waltham, MA 02451	781-891-5100
Address of Principal Business Operations (Number and Street, City, State, Zip C (if different from Executive Offices)	Code) Telephone Number (Including Area Code)
·	
Brief Description of Business	The course of th
Type of Business Organization	6 a 2007 >>
corporation   limited partnership, already formed   o   business trust   limited partnership, to be formed	ther (please specify): FEB 2 6 2007
Month Year	
Actual or Estimated Date of Incorporation or Organization: [0[5] [0]3 [Actual ]  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction)	Estimated r State:
GENERAL INSTRUCTIONS	
Federal: With Must File: All issuers making an offering of securities in reliance on an exemption under Regulati 77d(6).	ion D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the of and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address gi	

which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Captes Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Fallure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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		A BASIC I	DENTIFICATION DATE		
<ol> <li>Enter the information in Each promoter of</li> </ol>	•		within the past five years;		
			• •		of a class of equity securities of the is
•					
			of corporate general and m	anaging partners o	f partnership issuers; and
Each general and	managing partner	of partnership issuers.			<u> </u>
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Douglas A. Levin	if individual)				
Business or Residence Addr c/o Black Duck Software	•				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Roger Heinen	if individual)			<del></del>	
Business or Residence Addre		• • • • •	•		
/o Flagship Ventures, 1 i	Memorial Drive	, 7th Floor, Cambridge	, MA 02142		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Larry Bohn	if individual)	<del> </del>			
Business or Residence Addre	*		•		
A General Catalyst Part	ners, 20 Unive	rsity Road, Suite 450, 0	Cambridge, MA 02138		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)		•	<del></del>	· · ·
Xive Power		···········			
Business or Residence Addre		- , -			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first, i Janpieter Scheerder	f individual)			· · - · · · · · · · · · · · · · · · · ·	•
usiness or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		· · · · · · · · · · · · · · · · · · ·
to Black Duck Software,	265 Winter Str	eet, Waltham, MA 024	51		
heck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	· Director	General and/or Managing Partner
ull Name (Last name first, it The Penniman II Trust	f individual)		******		· <del>-</del> ·-·-
utiness or Residence Addres 100 Federal Street, Bosto		Street, City, State, Zip Co	ode)		
heck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first, if	(individual)		<u></u>	<del></del>	· · · · · · · · · · · · · · · · · · ·
Flagship Ventures Fund 2	2004, L.P.				
usiness or Residence Addres Memorial Drive, 7th Floo			ode)	······································	

		A PAGICITA	ENTIFICATION DATA		
2. Enter the information re	emested for the fo	A CONTRACTOR OF THE CONTRACTOR	ENGIFICATION DATA	4234	<u> </u>
	•	suer has been organized w	rithin the nest five years:		
•		· ·		of 1006 or more of	f a class of equity securities of the issue
		·	corporate general and man	usking barmers or	partiership issuers, and
Each general and i	managing partner o	f partnership issuers.			
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Kat McCabe	if individual)				
Business or Residence Addre c/o Black Duck Software					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Fill Name (Last name first,	if individual)		,		· · · · · · · · · · · · · · · · · · ·
General Catalyst Group	-				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)	<del></del>	
20 University Road, Suite	=				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director .	General and/or Managing Partner
Full Name (Last name first, i Fidelity Ventures IV, Lim					
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
82 Devonshire Street, Ma	•	· ·		•	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Douglas Johnson	•				
Business or Residence Addre c/o Black Duck Software					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or
		<u>V</u>			Managing Partner
Full Name (Last name first, i Focus Ventures III, L.P.	f individual)				
Business or Residence Addre	-	Street, City, State, Zip Co	ode)		
525 University Avenue, S	Suite 1400, Palo	Alto, CA 94301			·
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)	· · · · · · · · · · · · · · · · · · ·			
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			<u> </u>	
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		
	(Use blaz	nk sheet, or copy and use	additional copies of this sl	nect, as necessary)	

E. 2.5				and the second	INFORMA			n e				H. Chr
**************************************	BAC G	Agendin Little good all	P. 1918			Cit in C	A. A. C. C.			AV-1983	Yes	No
ll. Has th	e issuer so	ld, or do <del>cs</del>	the issuer	intend to s	ell, to non-	accredited	investors i	in this offc	ring?			
			An	swer also i	in Appendi	k, Column	2, if filing	under UL	OE.		_	_
2. What	is the mini	mum invest	ment that	will be acc	epted from	any indivi	idual?	****************			\$	
											Yes	No
		permit joi		-								
comm If a per or stat	ission or sir rson to be li es, list the r	ation reque: milar remun isted is an as name of the r, you may	eration for ssociated p broker or d	solicitation erson or ag lealer. If m	n of purchas sent of a bro nore than fiv	sers in cons ker or deal /e (5) perso	nection with er registere ons to be lis	h sales of se d with the sted are ass	scurities in SEC and/o	the offerin r with a sta	g. tc	
Full Name	(Last name	first, if inc	ividual)		· · · · · · · · · · · · · · · · · · ·						••	
IVA			N1t	1046	Ne. Bes	7:- 0 - 1 >						
Husiness of	r Kesidenci	Address (	Number an	ia Street, C	lly, State,	Zip Code)						
Name of A	ssociated E	roker or De	ealer		•							
												·
States in W												<b>.</b>
(Checi	C"All State	s" or check	individua	i States)	*********			*************			. [] A	li States
AL	AK	ΑZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
(IL)	N N		KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	M	NM	NY	NC	ND	OH	<u>ok</u>	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name	(Last name	first, if ind	lividual)	•••							· · · · · · · · · · · · · · · · · · ·	
Business o	r Residenc	c Address (	Number ar	d Street, (	City, State,	Zip Code)			<del></del>			
Name of As	sociated B	roker or De	aler	··							<u></u>	
States in W	hich Perso	n Listed Ha	s Solicited	or Intend	s to Solicit	Purchasers	3					
(Check	"All State	s" or check	individua	States)	***********		**********	494 <i>9</i> 4744444			. 🔲 AI	l States
AL	ĀK	ΙΑΖΊ	ĀR	CA	CO	CT	DE	DC	FL	GA	CHO	m
TL		IA	(KS)	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	<u> </u>	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	IN	TX	UT	VT	VA	WA	$\overline{\mathbf{W}}$	(W)	WY	PR
Full Name (	Last name	first, if ind	ividual)	<del></del>								·
Business or	Residence	: Address ()	Number an	d Street, C	City, State,	Zip Codc)						
Name of As	sociated Br	oker or De	alcr				<del></del> _					<del></del>
States in Wi	ich Person	l isted Had	Solicited	or Intends	to Solicit I	Purchasers			·		· · · ·	•
		" or check										States
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MT	NE	NV.	NH ESS	[X]]	NM	NY	NC	ND	OH)	OK)	OR	PA)
RI	SC	SD	TN	TX)	ŪT	VT	VA	WA	WV	WI	WY	PR

# C OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange an already exchanged.	ek d	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ 0.00	\$_0.00
	Equity		\$ 12,000,001.05
	Common Preferred		0.00
	Convertible Securities (including warrants)		\$
	Partnership Interests		\$ 0.00
	Other (Specify)		\$_0.00
	Total	. \$_12,000,001.05	\$_12,000,001.05
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in the offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	ir Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	. 9	\$ 12,000,001.05
	Non-accredited Investors	. 0	\$_0.00
	Total (for filings under Rule 504 only)	N/A	\$_0.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	T6.066 1	Type of	Dollar Amount
	Type of Offering	Security N/A	Sold \$ 0.00
	Rule 505	· <del></del>	\$ 0.00
	Regulation A		\$ 0.00 \$ 0.00
	Rule 504		\$ 0.00
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure i not known, furnish an estimate and check the box to the left of the estimate.	r. s	
	Transfer Agent's Fees		\$_0.00
	Printing and Engraving Costs		s_0.00
	Legal Fees		\$_30,000.00
	Accounting Fees		<b>\$</b> _0.00
	Engineering Fees	_	\$ 0.00
	Sales Commissions (specify finders' fees separately)		\$ 0.00
	Other Expenses (identify) Blue Sky	_	<b>\$</b> 1,050.00
	Total		\$ 31,050.00

े. ज	C. OFFERING PRICE, NU	MBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	and total expenses furnished in response to Part C-	fering price given in response to Part C — Question 1 — Question 4.a. This difference is the "adjusted gross		\$11,968,951.05
5.	each of the purposes shown. If the amount for	proceed to the issuer used or proposed to be used for any purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gross art C — Question 4.b above.		
			Payments to Officers,	
			Directors, & Affiliates	Payments to Others
	Salaries and fees	[	\$_0.00	\$_0.00
	Purchase of real estate		s_0.00	\$ 0.00
	Purchase, rental or leasing and installation of m	achinery	¬ c 0 00	0.00
		``acilities[		s 0.00
	Acquisition of other businesses (including the v		. 🔲 🦫	
	offering that may be used in exchange for the as		<b>\$_</b> 0.00	s_0.00
		- 		s_0.00
	Working capital	[	\$ 0.00	<b>✓</b> \$ 11,968,951.0
	Other (specify):		\$_0.00	
		[	_ \$_0.00	s
	Column Totals		] \$ <u>_0.00</u>	<b>✓</b> \$ 11,968,951.0
	Total Payments Listed (column totals added)		<b>⊘</b> s <u>1</u> ′	1,968,951.05
		D FEDERAL SIGNATURE		
sig	nature constitutes an undertaking by the issuer to f	he undersigned duly authorized person. If this notice furnish to the U.S. Securities and Exchange Commiss coredited investor pursuant to paragraph (b)(2) of R	sion, upon writte	
Iss	er (Print or Type)	Signature	Date	
BI	ck Duck Software, Inc.	Walnut Stand		
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)	<u> </u>	
Do	glas Johnson	Chief Financial Officer and Executive Vice Pre	sident	

ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)